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COMMERCE & TRANSPORT (TRANSPORT) DEPARTMENT

NOTIFICATION

The 8th July 2023

No. 8206—TRN-LC-MISC-0051/2017-T.—

In partial modification of this Department Notification No. 3663 dt. 14.05.2018 published in extraordinary issue of Odisha Gazette No. 748 dt. 15.05.2023, the detailed guidelines for release of compensation out of the Solatium Fund are modified as follows:

i. Management of Fund:

1. The Fund shall be managed by the Transport Commissioner and the provision made by the Government for the aforesaid Fund shall be kept in a Separate Bank Account in any of the Banks recognized by the Reserve Bank of India.
2. All Collectors are declared as the “Claim Settlement Officer”/Sanctioning authority
3. Concerned Sub-Collector is declared as the “Claim Enquiring Officer”.

ii. Amount of Compensation:

There shall be paid as compensation:

- a. in respect of death of any person a fixed sum of two lakh rupees.
- b. in respect of grievous hurt to any person, a fixed sum of fifty thousand rupees.

iii. Procedure for claiming compensation from the fund

1. The applicant shall submit an application seeking compensation from the fund in Form-I along with and an undertaking in Form-II to the Claim Enquiring Officer i.e. Sub-Collector of the Sub-Division, where the accident takes place.
2. The application shall be made within a period of 1(One) year from the date of accident.
3. Where the Claims Enquiring Officer does not accept the grounds advanced by the applicant, he shall record a speaking order and communicate the same to the applicant for not accepting the claim application.

iv. Procedure to be followed by Sub-Collector (Claims Enquiring Officer)

1. On receipt of the application, the Claims Enquiring Officer shall immediately obtain a copy of the FIR, inquest report, post mortem report/certificate of inquiry from the concerned authorities and hold enquiry in respect of claims arising out of hit and run motor accidents.
2. In case of more than one claimants, the Claims Enquiring Officer shall decide as to who are rightful claimants.
3. The **Claims Enquiring Officer** will submit a report in Form-III along with undertaking in Form-II and his recommendation to the **Claim Settlement Officer** within one month.

v. Sanction of claim

1. On receipt of report from the **Claims Enquiring Officer**, Collector & DM shall sanction the claim as far as possible within 15 days from the date of receipt of report from the **Claims Enquiring Officer** and communicate the same to the Transport Commissioner in Form-IV along with to the RTO, Claimant and **Claims Enquiring Officer**.
2. On receipt of the Sanction Order, Transport Commissioner within Five days should transfer the fund through RTGS to the claimant. Transport Commissioner will maintain the accounts of the Solatium Fund Scheme.
3. In case of claims arising out of death, the payment shall be made to the legal representative of the deceased as decided by the **Claims Enquiring Officer** and in case of claims arising out of grievous hurt, the payment shall be made to the person injured
4. If the details of the vehicle made accident is detected at a later date, the claimant has to refund the amount to Transport Commissioner out of the claims settled by the Insurance Company/Claims Tribunal as the case may be.
5. Transport Commissioner will develop required software for online submission of the application. However, there will be provision of submission of application by the Claimant both in online and offline mode.

By order of the Governor

USHA PADHEE

Principal Secretary to Government

Solatium Fund of Odisha

Form-I

I, Son of/daughter of/widow of *Shri/Smt. residing at hereby apply as a legal representative/agent for the grant of compensation on account of death/injuries sustained by Shri/Shrimati/Kumari son of /daughter of /widow of Shri who died/had sustained injuries in a motor vehicle accident on At..... Particulars in respect of accident and other information are given below:-

1. Name and father's name of person injured/dead (husband's name in case of married woman or widow):
2. Address of the person injured/dead:
3. Age..... Date of Birth.....
4. Sex of the person injured/dead:
5. Place, date and time of the accident:
6. Occupation of the person injured/dead:
7. Nature of injuries sustained:
8. Name and address of Police Station in whose jurisdiction accident took place or was registered:
9. Name and address of the Medical Officer/ Practitioner who attended on the injured/dead:
10. Name and address of the claimant/claimants:
11. Relationship with the deceased:
12. Another information that may be considered necessary or helpful in the disposal of the claim:

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

* Strike out whichever is not applicable.

ଅଜଣା ଗାଡ଼ି ଧକ୍କାରେ ଆହତ/ମୃତ ବ୍ୟକ୍ତିଙ୍କ ସହାୟତା ନିମନ୍ତେ

ସୋଲାସିୟମ ପାଣ୍ଠି, ଓଡ଼ିଶା

ଫର୍ମ-୧

ମୁଁ , _____ ପିତା/ସ୍ବାମୀ* _____
 ଠିକଣା _____ ଏତଦ୍ବାରା ଅନୁକମ୍ପା ରାଶି ମଂଜୁର ନିମନ୍ତେ ଜଣେ
 ଆଇନଗତ ପ୍ରତିନିଧି/ଏଜେଣ୍ଟ ଭାବେ ଆବେଦନ କରୁଛି ଯେ ଶ୍ରୀ/ଶ୍ରୀମତୀ/କୁମାରୀ _____
 _____ ପିତା/ସ୍ବାମୀ _____ ତା. _____ ଦିନ _____

ସ୍ଥାନ _____ ଠାରେ ଘଟିଥିବା ମୋଟରଯାନ ଦୁର୍ଘଟଣାରେ ମୃତ୍ୟୁବରଣ କରିଛନ୍ତି/ ଆହତ
 ହୋଇଛନ୍ତି। ଦୁର୍ଘଟଣା ଏବଂ ଅନ୍ୟାନ୍ୟ ତଥ୍ୟ ସମ୍ବଳିତ ବିବରଣୀ ନିମ୍ନରେ ପ୍ରଦତ୍ତ ହେଲା ।

୧. ଆହତ/ ମୃତ ବ୍ୟକ୍ତିଙ୍କ ନାମ ଓ ପିତାଙ୍କ ନାମ :

(ବିବାହିତା ମହିଳାଙ୍କ କ୍ଷେତ୍ରରେ ସ୍ବାମୀଙ୍କ ନାମ)

୨. ଆହତ/ ମୃତ ବ୍ୟକ୍ତିଙ୍କ ଠିକଣା :

୩. ବୟସ _____ ଜନ୍ମ ତାରିଖ _____

୪. ଆହତ/ ମୃତ ବ୍ୟକ୍ତିଙ୍କ ଲିଙ୍ଗ :

୫. ଦୁର୍ଘଟଣାର ସ୍ଥାନ, ତାରିଖ ଓ ସମୟ :

୬. ଆହତ/ମୃତ ବ୍ୟକ୍ତିଙ୍କ ପେଷା :

୭. ଆହତର ପ୍ରକାର :

୮. ପୁଲିସ୍ ଥାନାର ନାମ ଓ ଠିକଣା :

(ଯେଉଁ ଅଂଚଳରେ ଦୁର୍ଘଟଣା ଘଟିଛି କିମ୍ବା କେସଟି ପଞ୍ଜିକରଣ ହୋଇଛି)

୯. ଆହତ /ମୃତ ବ୍ୟକ୍ତିଙ୍କୁ ଚିକିତ୍ସା ଯୋଗାଇ ଦେଇଥିବା କିମ୍ବା ପରୀକ୍ଷା କରିଥିବା ମେଡିକାଲ ଅଫିସର
 କିମ୍ବା ଚିକିତ୍ସକଙ୍କ ନାମ ଓ ଠିକଣା:

୧୦. ଅର୍ଥ ଦାବୀଦାର/ଦାବୀଦାର ମାନଙ୍କ ନାମ ଓ ଠିକଣା:

୧୧. ମୃତବ୍ୟକ୍ତିଙ୍କ ସହ ସମ୍ପର୍କ :

୧୨. ଏହି ଦାବୀର ତୁରନ୍ତ ଫଇସଲା ନିମନ୍ତେ ଅତିରିକ୍ତ ସୂଚନା:

ମୁଁ ଶପଥ କରି ଜଣାଉଛି ଯେ, ଉପରୋକ୍ତ ସମସ୍ତ ତଥ୍ୟ ସଠିକ୍ ଅଟେ ।

ଦାବୀଦାରଙ୍କ ସ୍ବାକ୍ଷର

*ଯାହା ପ୍ରମୁଖ୍ୟ ନୁହେଁ ତାହାକୁ କାଟି ଦିଅନ୍ତୁ ।

Solatium Fund of Odisha

Form-II

I/We as legal representative(s) of the deceased / injured hereby give undertaking that I/We shall refund the amount of compensation awarded to me/us as sanctioned by the Claim Settlement Officer to the Claims Settlement Officer in case I/We am /are awarded any other compensation or amount in lieu of or by way of satisfaction of a claim for compensation in respect of death or grievous hurt to under any provision of the Motor Vehicles Act, 1988 or any other law for the time being in force or otherwise.

Signature of the legal representative of
the deceased/ injured person

Solatium Fund of Odisha

Form-III

Claims enquiry report to be submitted by the Claims Enquiry Officer to the Claims Settlement Officer

1. Name and address of the person dead/injured:
2. Place, time and date of the accident:
3. Particulars of the Police Station in which the accident was registered:
4. Particulars of the Medical Officer/ Practitioner who examined the dead/injured:
5. Particulars of persons summoned and examined:
6. Whether the fact of death/ injury by hit and run motor accident has been established or not and the reason for coming to that conclusion:
7. The name and address of claimant(s) eligible for payment of compensation:
8. The amount of compensation recommended for payment to the claimant. (In case of more than one claimant the amount each one of the claimants is eligible and reason thereof shall be specified):
9. Any other information or record relevant or useful for the settlement of the claim

Signature, designation of the
Claims Enquiring Officer.

Seal:

Date:

Solatium Fund of Odisha

Form-IV

Serial No

Claim Settlement Officer

District

ORDER

I hereby sanction Rs. as compensation
 in respect of the death of (Name of
 deceased) / grievous hurt to (Name of injured)
 resulting from hit and run motor accident which took place at
 (Name of place) on
 (Date) to Shri/Shrimati/ Kumari as legal
 representative of the deceased (.....) or to
 (Name of injured)

Claim Settlement Officer

CC to:

1. Transport Commissioner, Odisha, Cuttack
2. The Claimant
3. Motor Vehicles Accident Claims Tribunals
4. Claim Enquiring Officer
5. Regional Transport Officer
6. Secretary, Commerce & Transport (Transport) Department